



5-9-65

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

IPB

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/623,872
		Filing Date	July 21, 2003
		First Named Inventor	Ai Kondo
		Group Art Unit	1711
		Examiner Name	Sanza L. McClendon
Total Number of Pages in This Submission (excluding references)	12	Attorney Docket Number	56232.90

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing Formal __ Replacement Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response (6 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Declaration (3 pages)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Amendment Transmittal (in duplicate)	<input type="checkbox"/> Oath/Declaration/Power of Attorney (signed)	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 337 971 687 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Notice to File Missing Parts (in duplicate)		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

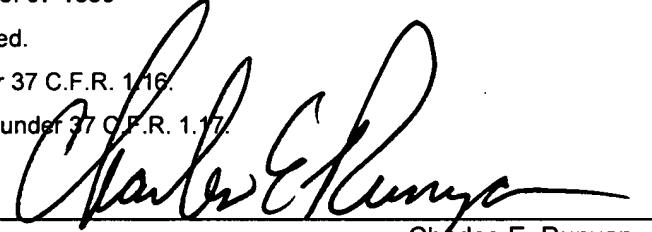
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

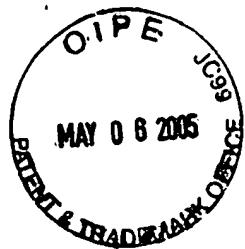
Firm or Individual name	Squire, Sanders & Dempsey, L.L.R. Charles E. Runyan, Jr. Ph.D. Reg. No. 43,066
Signature	
Date	May 6, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Label No. EV 337 971 687 US in an envelope addressed to: MAIL STOP: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 6, 2005

Typed or printed name	Patricia Gamble		
Signature		Date	May 6, 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 56232.90
Applicant(s): Ai Kondo		Serial No. 10/623,872		Filing Date July 21, 2000	Examiner Sanza L. McClendon
Invention: Curable White Ink					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	20	0	X \$50.00	\$00.00
INDEP. CLAIMS	1	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: May 6, 2005 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200					
 Charles E. Runyan Reg. No. 43,066					
cc: Docket:					



PATENT
Attorney Docket No.: 56232.00090

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Examiner:
Ai Kondo	Sanza L. McClendon
Serial No. 10/623,872	Art Unit: 1711
Filed: July 21, 2003	
Title: Curable White Ink	

Commissioner for Patents
USPTO
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner McClendon:

This responds to the Office Action dated February 24, 2005.